



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1244 Name Walter Webber With

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Walter Webber
2. What is your full Address? 2. Portland Road
13 B
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 0 Months
5. What is your Trade or Calling? 5. Fireman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Walter Webber do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Walter Webber SIGNATURE OF RECRUIT.
John P. ... Signature of Witness.

Walter Webber OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Webber do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 21 day of May 1915.

Signature of Attesting Officer Edwards Robert

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

If enlisted by special authority, such will be attached to the original attestation.

Date 1915
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5244

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Walter Weber
 Apparent age 21 years 5 months Height 5 feet 11 1/4 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 6 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Annie Weber Post
Mandford Mass. Relationship mother
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-5-18</u>									
Joined at <u>Albion</u> on <u>May 21-1918</u>									
<u>Discharged August 7 1919</u>									
<u>Embarked at Albion St. Colville to Halifax N.S. 22-7-18.</u>									
<u>To be expunged for demobilization 1-7-1919</u>									
<u>Arrived to expunged 1-7-1919</u>									
<u>Demobilization at Albion 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> [date of discharge] <u>1</u> years <u>79</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5244

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Aug. 16th, 1919.

The discharge of the unstrnoted has been CONFIRMED by
Officer i/o Records from 7-8-19.

5244 Pte. W. Webber.

C.R. 5244

Extract f rom Daily Orders part 11, From Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5244 Pte. Walter Webber.

C.R. 5244

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, 15-7-19.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 24-7-19.

5244 Pte. W. Webber.

C.R. 5244

Extract from Daily Orders part 11, from Unit The Royal
Field. Regt. St. John's, dated May 22, 1918.

#5244 Pte. Walter Webber.

Attested for General Service with the Royal Field. Regt.
from 21.5.18

C.R. 5244

Extract from Daily Orders Part VI Unit The Royal Field. Regt.
St. John's, July 23rd 1919.

5244 Pts. W. Webber.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5244
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender _____ Address _____

Line Number	Recd	By	Sent	by	Check

Dated Nov. 11, 1918.

To Mr. Charles Canning,
Red Bay,
Labrador.

Be g to infrom you that your son # 5244 Pte. A. Ganning, is now
Convalescent.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

W. J. Webber

C.R.

5244

1896



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter J. Webber, Regl. No. 5244
hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 00 Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
concerned, viz :

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4608</u>	<u>mother</u>	<u>Mrs. Jane Annie Webber</u>	<u>Port Mansford</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) _____
Officer Commanding
Company _____
1918

(Sig.) W. J. Webber
(Rank) Pvt

No. 8463/1595

"B'ly
P.D. 100 172
N.F.D. *[Signature]*
NEWFOUNDLAND DOCK CONTINGENT
RECORDS

From: NEWFOUNDLAND DOCK CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/Bn Royal Nfld. Regt.,
Winchester.

11th June 1919

13th June 1919.

5244, Pte. W. Webber

With reference to the following
telegram from the Minister of
Militia / / 19 (223):

Receipt hereunder.

[Signature]
LIEUT. COLONEL.
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
R. O. R.

"Pay to-

5244 Webber £5:3:0

Received the sum of Five Pounds

Cheque £5:3:0 is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

Three Shillings in respect of
telegraphic remittance from the
Minister of Militia.

[Signature]

Chief Paymaster & O. i/c Records.

W Webber

No 5244 Rank Pte.

Witness: W. H. Hodde

No. 19249/2146

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
68, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn Royal Wrl'd. Regt.
Winchester.



25th November 1918

Subject: 5244, Pte. W. Webber

With reference to the following telegram (10051) from the Hon. Minister of Militia, received

pay to 5244 Webber £4:2:0

Draft £4:2:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. D. Minnie
Chief Paymaster & O. i/c Records.

Nov. 28th 1918

Received hereunder.

Ok
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. 2nd Bn
Royal Newfoundland Regiment

Received the sum of Four pounds
two shillings on account of
cable remittance from Newfoundland.

W Webber
No. 5244 Rank Pte.

W Power. Pte

No. 2833/400.

N.F.P./79.

Job 5458

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bn. Ryl Nfld Regt.

Winchester.

19th February 1919

February 21st 1919

5244. Pte Webber. W.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (34.)

Okam **LIEUT. COLONEL.**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- 5244. Webber.

£6.3.0.

Cheque £ 6.3.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Received the sum of £6.3.0
Three Shillings in respect of
telegraphic remittance from the
Minister of Militia.

W Webber

Chief Paymaster & O. i/c Records.

No. 5244 Rank Private

Witness W. Rockett

Weber, W

5244

Ray Sept.

August 7th 1919.

#5244, Pte. W?Webber.

Port Blandford.

Dear Sir:

Enclosed please find Discharge Certificate

3578.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5244 Rank Plt Name Webber W.
 Intended place of residence Port-Blanford
 2. Occupation Fuerman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 11 1919

J. M. Lusk
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 10 1919

W. Webber
 Signature of soldier
James O. Neuman
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 10 1919

W. Webber
 Signature of soldier
James O. Neuman
 Signature of witness
 SP1

STATEMENT OF SERVICE

7. Enlisted for service 2.1-5-18 No. of days on Military
 Discharged from service 2.4-7-19 Plus 14 days Service 444

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 24 1919

A. R. Cooper Capt.
 Officer in Charge of Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 7/1919

A. R. Cooper Capt.
 Officer in Charge of Records
 The Royal Newfoundland Regiment

11
20
31
7
79

Q2 B 2279/2578

The Royal Newfoundland Regiment

Class for Demobilization: 26

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 8.1.19

Regimental No. 5244

Name Webber Walter

Address Port Blandford

Present Medical Category Ai

Recommended for:— (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board

R. H. East Major
O.C. Discharge Depot.

H. M. Mason
Senior Medical Officer

S. W. Gordon
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 52447 Rank Sgt Name William W. [unclear]
 Date of Enlistment 3-15-18 Address Port of Spain, Demaresta
 Occupation Serviceman Classification for Discharge E7 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$600.00

(b) Clothing Supplied [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2417 to his home at Port Blandford and Release Certificate No. 3368 issued

Date 11-7-19 *J.A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-8

Date 11-7-19 *J.A. Knowlton*
Depot Paymaster.

Discharge approved for 24-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	/	N.F. Med.	D.F. 1	<i>2 Form B</i>
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	
B 179	D 400B	Form L	/	do 3rd	" 4	
B 179a	D 400C	Form K	/	do 4th	" 5	
B 179b	B 103	ME 2	/		" 6	
B 179c	B 120	M 93	/			

Date 11-7-19 *J.A. Knowlton*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

D.R. Cooper Capt
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

W. Webber

Signature of Man.

J. P. Snowliff

Signature of the Vocational Officer or his Representative.

Reg. No. 5244

Place

At John

Date

10-7-19.

191

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname Webber

Christian Name Walker

Table I.—GENERAL TABLE.

Birthplace:—Parish Port Blandford County Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined ... on 21 day of May 1918 on ... day of ... 191...
 at S Johns at ...
 Declared Age... 21 years — days ... years ... days
 Trade or Occupation ... Fireman
 Height ... 5 feet 11 1/4 inches ... feet ... inches
 Weight ... 142 lbs. ... lbs.
 Chest { Girth when fully expanded... 37 1/2 inches ... inches
 Measure- (Range of Expansion... 6 1/2 inches ... inches

Physical Development...
 Vaccination Marks (Arm ... Right Left Right Left
 Number ...

When Vaccinated ...
 Vision ... R.E.—V=6/6 L.E.—V=6/6 R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Edmond Paterson Medical Officer. Medical Officer.
 (Rank) Major

Enlisted ... at S Johns at ...
 on 21 day of May 1918 on ... day of ... 191...
 Corps. Regtl. No. Corps. Regtl. No.

Joined on Enlistment... The Royal Nfld Regt

Transferred to...
 Became non-effective by ... on ... day of ... 191 on ... day of ... 191

(Signature) (Rank)

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	31	1	19	7	2	19	Influenza	7	Discharged to duty.	<i>B. S. Moran</i> CAPT., R. A. M. C.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Walter Webber*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5244*

Intended address *Port Blandford*

Height on discharge *6* Feet

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*
Figure on discharge *Tall.*

Christian name of Father *—*
Christian name of Mother *Annice,*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cupids, 11 July 1896*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Walter Webber*

Pte
(Rank)

Station *ST. JOHN'S.*

Date *6-7-18*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



Medical Officer i/c Hospital,
Unit, or Command Depot.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland* }
 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2244* Rank. *Plt*
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps with Regtl. Nos.
4. Name *Walker* *Walker*
 (Surname) (Christian Names)
5. Age last birthday *22*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Where (d) Particulars of Pension or Gratuity
 (c) Opinion of Court (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *aid*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of 70 Disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W.E. Procmier *Copy Name*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *1/1/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

August 15, 1919

Mr. W. Webber,
Port Blandford, B.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *M* 2. Surname..... *Hebber*
3. Rank..... *Pte* 4. Regtl. No..... *5244*
5. Address in full to which future payments of gratuity are to be forwarded..... *Port Blandford B.B.*
6. Date of enlistment in the Regiment..... *May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
8. Relationship of such dependents..... */*
9. Address in full of such dependents..... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Seven months*
..... 1-1
.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

15. Have you been issued with a War Service Badge?

no

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? If not give - (a) date of discharge

July 27/19

(b) Reason for discharge
Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

England

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *W. Webber*
 Place of Residence: *Post Blandford B.B.*
 Declared before me at: *St John's*
 This 11 day of *July* 1919....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Clapham J.P.*

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.					By: <i>.....</i>

Cabot Hotel

Water Street West
Mrs. J. Lacey prop

Mr Walter Webber 5244
"Dr"

To

.. 3 meals @ 40¢ per meal	1.20
.. Lodging 1 night	.20
	<hr/>
	\$ 1.40

May 21st to 22nd/18

St John's, May 21st, 1918.

THE ROYAL NEWFOUNDLAND REGIMENT.

To #5244 Pte. Walter Webber.

James Rankin

Board and Lodging as per voucher attached, \$1.40.

CERTIFIED CORRECT

James Rankin
Recd. Payment May 30/18
W. Webber

7899
ACCOUNT NO. *7899*
ID LEDGER *7899*
LEDGER *7899*
SZN LEDGER *7899*
INITIALS *WR*
INITIALS *WR*

DISTRICT OFFICER
NEWFOUNDLAND
May 25 1918
COMMANDING

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet 104

Regiment of Royal Newfoundland

Signature of O. C. Company C. B. Dick *Lieut.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years / months	<u>Soldier</u>	
<u>5244</u>	<u>Wheeler Walter</u>	<u>21</u>		Religion	
Joined	Date	Place and Date of Enlistment		<u>Meth</u>	
Joined	Date	<u>21.5.18</u>		Place of Birth	
Joined	Date	Period of } with Colours <u>1 7/8</u> years.		<u>Port Blandford</u>	
Joined	Date	} with Reserve <u>3/4</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
				<u>Demobilized 8/19</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5244 Rank pts Name Walter J. My
 Date of Enlistment 21-5-18 Address Port Blandford District Bonaville
 Occupation Fireman Classification for Discharge F Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 8-7-19

H. Mins H
 O. C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. uehber

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$100.00
- (b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82417 to his home

Port-Blandford and Release Certificate No. 3368 issued.

Date 11-7-19

J.A. Shewell
Demobilization Officer

4. Pay and Allowances.

The herein named soldier has been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date 11-7-19

J.A. Shewell
Depot Paymaster.

Discharge approved for 11-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/86	268	B 12.	N.F. Med.	D.F. 1.
B 178.	349A	B 12.	Board 1st.	" 2.
B 178a.	D 400A.	B 1015.	do 2nd.	" 3.
B 179.	D 400B.	Form L.	do 3rd.	" 4.
B 179a.	D 400C.	Form K.	do 4th.	" 5.
B 179b.	B 103.	ME 2.		" 6.
B 179c.	B 120.	M 93.		

Date 11-7-19

J.A. Shewell
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 24 1919

Date

A.R. Cooper Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date July 31 1919

[Signature]

Reg. No. 5244 Rank Plt. Name Webby Walter

Attested Address Port Blandford

Allotment Allottee

Date of Allotment returned from Overseas JUL 1 1919

Returned on S.S. Cassandra use Discharge

11.7.19

PASSED TO DEMOBILIZATION OFFICER

41

DEPARTMENT OF DEMOBILIZATION

CR 3244

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F, or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps... *Royal Newfoundland*
- 2. Regt. No. *5244* 3. Rank... *plto*
- 4. Name *Webber Walter*
(Surname) (Christian Names)
- 5. Age last birthday... *22*
- 6. Posted for duty on..... at..... in category (or grade).....
- 7. Former Trade or Occupation } *Fishermen*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps with Regt. Nos.
- (b) Date of Discharge ;
- (c) Cause of Discharge.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to general disease.

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No Complaints of no Disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

Repatriation

W.E. Poernier *Paper*
Rams

Station *Hazely Down*

Date *14/1/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.